

First Nation Fuel Tax Refund Program

Tax Exempt Fuel Sales to Status Indians/Indian Bands

Retailer's Legal Name	Business Number
Retailer's Business Name	First Nation Reserve
Retailer's Location Address	Postal Code
Retailer's Mailing Address (If Different from Location Address)	Postal Code

Date <i>mm/dd/yy</i>	Total Exempt Litres - Gasoline	Tax Refund	Total Exempt Litres - Diesel	Tax Refund
		To calculate the approximate refund: <i>Total Exempt Gasoline Litres x Tax Rate = Refund</i>		To calculate the approximate refund: <i>Total Exempt Diesel Litres x Tax Rate = Refund</i>
TOTALS				

Retail Dealer Certification:
I hereby certify the details shown above and the information attached are true and correct.

Individual Preparing This Report (please print)	Phone Number
Signature	Date
Title	

Taxation Division Office Use Only:

Fuel Type >>	Gasoline	Diesel
Allowed Exempt Litres		
Tax per Litre		
Refund by Fuel Type		
TOTAL REFUND		Claim #:
Retail Dealer - Report any of the following changes to the Taxation Division (see reverse side of page): Business Location/Mailing Address; Authorized Representative(s); Sale of the Business; Direct Deposit Banking Information.		Manitoba Finance, Taxation Division 101 - 401 York Avenue Winnipeg, Manitoba R3C 0P8 (204) 945-6444 Manitoba Toll-Free 1-800-564-9789

May 2013

Retailer's Legal Name		Business Number	
Retailer's Business Name		First Nation Reserve	
Change of Address			
Effective date of address change:			
Location Address:			
Mailing Address:			
Authorized Official (please print)		Title (if applicable)	
Signature		Date	
Authorize/Cancel a Representative			
Representative Name		Title (if applicable)	
Firm Name (if applicable)		Phone Number	
Mailing Address		Fax Number	
Scope of Authorized Representative's Authority: (check all that apply):			
Include a BCR if the Business is Band-Owned			
<input type="checkbox"/>	Only provide information, including claims submissions, for Retailer listed above.		
<input type="checkbox"/>	Provide and obtain information for the Retailer listed above.		
<input type="checkbox"/>	Provide changes for the Retailer listed above.		
<input type="checkbox"/>	Representative has authority to sign documents for Retailer listed above.		
Cancellation:			
<input type="checkbox"/>	Cancel all representative authorizations.		
<input type="checkbox"/>	Cancel authorization for the individual or firm listed above.		
By signing this form below, you authorize the Taxation Division to:			
<input type="checkbox"/>	Deal with the representative noted above according to the details provided.		
<input type="checkbox"/>	Cancel the existing authorization(s) described above.		
Authorized Official (please print)		Title (if applicable)	
Signature		Date	
E-Mail Address		Phone Number	
Sale of Business			
Please be advised that the above business ceased operation on:			
Check the applicable boxes below:			
<input type="checkbox"/>	Business closed and assets retained by Retailer		
<input type="checkbox"/>	Business sold (please contact the Taxation Division, Bulk Sales Officer at the listings on the reverse side)		
	Legal Counsel:		
	Other (please explain):		
For an incorporated business, this transaction was a sale of shares only:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Certification: I certify that the statements on this form are true and correct.			
Authorized Official (please print)		Title (if applicable)	
Signature		Date	
E-Mail Address		Phone Number	
Direct Deposit Changes			
If you have any changes to the Direct Deposit information, including banking information or address, please contact the Taxation Division at the listings on the reverse side for the required forms.			